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HEALTH
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LEATHILL HEAD URBAN DISTRICT

A N N U A L R E P O R T S

of the

MEDICAL OFFICER OF HEALTH

&

THE CHIEF SANITARY INSPECTOR

for the year

1947

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West Hill House,
West Hill,
Epsom.

December, 1948.

To the Chairman and Members of the
LEATHERHEAD URBAN DISTRICT COUNCIL.

Ladies & Gentlemen,

I have the honour to submit an annual report for the year 1947 which has been prepared in accordance with Ministry of Health circular 170/47. Under the same cover will be found the annual report of the Chief Sanitary Inspector much of whose work is closely associated with mine.

The vital statistics for the year are satisfactory. The death rate for tuberculosis is the lowest recorded since the district was constituted in its present form. The number of cases of infantile paralysis which occurred was small, but several of them were of a very severe type.

Some of my time and a great deal of the Chief Sanitary Inspector's, has been devoted to problems in connection with rehousing. It is a pleasure to record that the irksomeness of this work has been relieved by the fine progress of the Council's housing schemes, which has enabled some of the applicants in most urgent need to be placed in better circumstances.

Of the many changes brought about by the National Health Service Act, there is one which may have important results for the better. I refer to the County Council's scheme of divisional administration for dealing with many matters relating to health, particularly those affecting maternity and child welfare. Local authority representation predominates on the divisional sub-committee, which should result in increased attention being paid to urgent local problems. A survey of the premises at present used in the district for maternity and child welfare will quickly reveal the urgency of the need for improvement in this respect.

I wish once more to record my appreciation of the conscientious work of the Chief Sanitary Inspector and his staff, and of the help which I have received from other departments of the Council's staff. My thanks are due to members of the Council and particularly to the Chairman and members of the Public Health and Housing Committee, for their kindness and consideration on many occasions

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

CYRUS IVE,

Medical Officer of Health.

LEATHERHEAD URBAN DISTRICT COUNCIL

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health:

Cyrus Ive, M.B., B.S.(Lond.), M.R.C.S.(Eng.), L.R.C.P.(Lond.),
D.P.H.

Chief Sanitary Inspector:

■ William J. Whiting, M.R.San.I., M.S.I.A.,

Additional Sanitary Inspector:

C.J. Lynch, A.R.San.I., M.S.I.A.

Medical Officer of Health's Clerical Staff:

Senior Clerk:- C.H.Argent. Typist:- Miss B. Croft.

Junior Clerk:- M.A. Forshaw. (Temporary)

Chief Sanitary Inspector's Clerical Staff:

Clerk:- E.W. Bugden. Junior Clerk: A.C.Milne (H.M.Forces
19.6.47)

Junior Clerk: A.Griffin (28.7.47.
Temporary)

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(The Medical Officer of Health and his Clerical Staff act in a similar capacity for the Borough of Epsom & Ewell, Dorking Urban District, and for the Dorking & Horley Rural District)

■ Holds the Royal Sanitary Institute Certificate as
Inspector of Meat and Other Foods.

TABLE I.

COMPARATIVE BIRTH-RATES, CIVILIAN DEATH-RATES, ANALYSIS OF MORTALITY,
MATERNAL MORTALITY AND CASE RATES FOR CERTAIN INFECTIOUS DISEASE
IN THE YEAR 1947.

						England and Wales	Leather- head U.D.
Rates per 1,000 Civilian Population							
<u>Births:-</u>							
Live Births							
Still Births						20.5	18.3.
						0.50	0.39
<u>Deaths:-</u>							
All Causes							
Typhoid & Paratyphoid Fevers						12.0	10.4
Scarlet Fever						0.00	---
Whooping Cough						0.00	---
Diphtheria						.02	---
Influenza						.01	---
Smallpox						0.09	0.15
Measles						0.00	---
						0.01	---
<u>Notifications:-</u>							
Typhoid Fever							
Paratyphoid Fever						0.01	---
Cerebro-spinal Fever						0.01	---
Scarlet Fever						0.05	---
Whooping Cough						1.37	0.85
Diphtheria						2.22	7.59
Erysipelas						0.13	0.08
Smallpox						0.19	0.19
Measles						0.00	---
Pneumonia						9.41	5.77
						0.79	0.58
Rates per 1,000 Live Births.							
DEATHS under 1 year of age						41	31.8
DEATHS from Diarrhoea & Enteritis under 2 yrs of age						5.8	---
Rates per 1,000 Total Births (Live & Still)							
<u>Maternal Mortality:-</u>							
Puerperal & Post Abortive Sepsis						0.26	---
Other Maternal Causes						0.85	2.07.
<u>Notifications:-</u>							
Puerperal Pyrexia						7.16	2.07

LEATHERHEAD URBAN DISTRICT 1947.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
FOR
THE YEAR 1947.

1. STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (acres)	11,187
Population (Census 1931)	16,483
Population (estimated mid-year 1947) ...	25,810
Number of inhabited houses according to the Rate Books at 31st December, 1947	7,000
Rateable value at 31st December, 1947 ...	£281,864
Sum represented by a Penny Rate	£1,130

The district is a rectangular shaped area of 11,187 acres. The northern half is situated on the flat clay bed of the Thames Valley; the southern half extends on to the chalky northern slopes of the North Downs. East and West it is separated from neighbouring districts by commons and agricultural land, and it is bi-sected by the River Mole flowing in a northerly direction. There are good road and rail communications with London, and many City workers live in the district. Local employment is created by firms engaged in various light industries, in engineering, in transport undertakings, and in agriculture.

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR

<u>Live Births:-</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>		
Total live births	472	241	231	)	Birth rate per
Legitimate	453	234	219	)	1,000 Civilian
Illegitimate	19	7	12	)	Population 18.39.

<u>Still Births:-</u>					
Total still births	10	4	6	)	Still birth rate
Legitimate	10	4	6	)	per 1,000 total
Illegitimate	-	-	-	)	live & still
					births 20.7

<u>Deaths:-</u>	(net)	268	135	133	Crude death rate 10.4
-----------------	-------	-----	-----	-----	-----------------------

Deaths of Infants under 1 year of age:-

Total infant deaths	15	11	4
Legitimate	13	10	3
Illegitimate	2	1	1

Death Rate of all infants per 1,000 live births ... 31.8

Death Rate of legitimate infants per 1,000 legitimate live births 28.7.

Death Rate of illegitimate infants per 1,000 illegitimate live births 105.3

Deaths from puerperal causes:-

Rate per 1000
Deaths total (live &
still) births

Puerperal and Post Abortive Sepsis	...	-	-
Other Maternal Causes	...	1	2.07

Deaths from:-

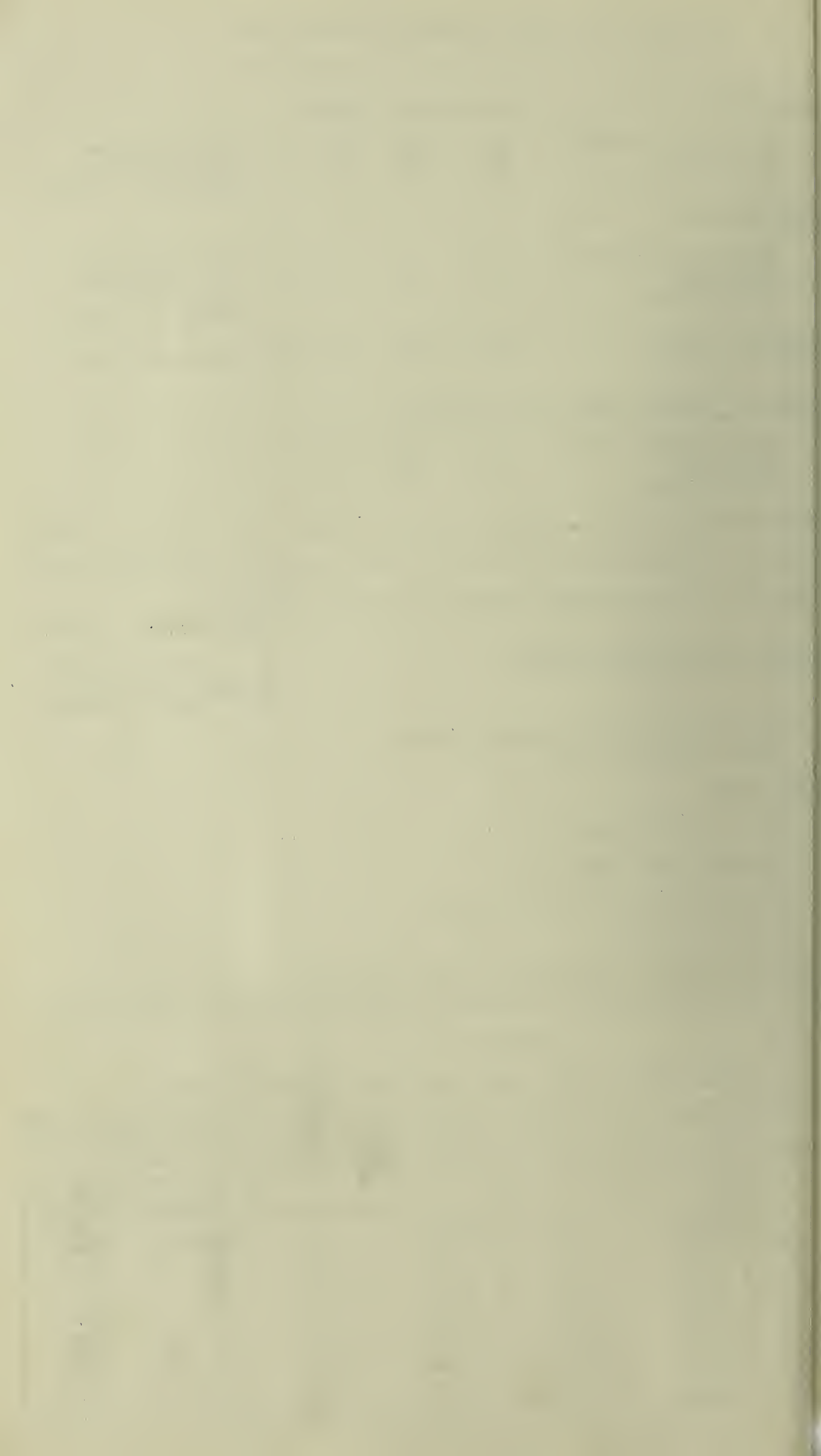
Measles (all ages)	...	...	...	...	-
Whooping Cough (all ages)	...	...	...	...	-
Diarrhoea (under 2 years of age)	...	...	...	...	-
Cancer (all ages)	...	...	...	...	51

Table II shows a comparison of vital statistics for the district since 1931, with figures for England and Wales during the same period.

TABLE II.

COMPARATIVE BIRTH, DEATH AND INFANT MORTALITY RATES

Period	Average Annual Birth Rate per 1000 Civilian Population (Annual Rates 1940-47).		Average Annual Crude Death Rate per 1000 Civilian Population. (Annual Rates 1940-47)		Average Annual Death Rate of children under 1 year of age per 1000 live births. (Annual Rates 1940-47)	
	England & Wales.	Leathernh'd U.D.	England & Wales	Leathernh'd U.D.	England & Wales	Leathernh'd U.D.
1931-40	14.9	13.3	12.2	9.3	58	33.0
1940.	14.6	13.0	14.3	10.8	55	47.1
1941.	14.2	13.9	12.9	10.1	59	47.0
1942.	15.8	17.4	11.6	10.3	49	26.1
1943.	16.5	18.8	12.1	11.8	49	41.5
1944.	17.6	18.4	11.6	10.1	46	20.5
1945.	16.1	15.2	11.4	10.1	46	30.6
1946.	19.1	17.7	11.5	9.5	43	13.6
1947.	20.5	18.3	12.0	10.4	41	31.8



BIRTHS.

Live births numbered four hundred and seventy two, two hundred and forty one of which were males, and two hundred and thirty one females. The birth rate was 18.3 per 1,000 civilian population, compared with a rate of 20.5 for England and Wales. The higher birth rate which has been noticeable since 1942 was therefore maintained.

Ten still-births were registered during the year, giving a still-birth rate of 0.39 per 1,000 of the civilian population, compared with a rate of 0.50 for England and Wales.

DEATHS.

Deaths registered in the area after correction for inward and outward transfers numbered two hundred and sixty eight, of which one hundred and thirty five were of males, and one hundred and thirty three females.

The crude death rate was 10.4 per thousand population, compared with 12.0 for England and Wales. The rate is 0.9 higher than in 1946, and is partly attributable to the very severe weather in the early months of the year.

The causes of death are set out in Table III.

TABLE III. CAUSES OF DEATH IN THE LEATHERHEAD URBAN DISTRICT.

Causes of Death.	M	F	Total
1. Typhoid and Paratyphoid Fevers	-	-	-
2. Cerebro-spinal Fever	-	1	1
3. Scarlet Fever	-	-	-
4. Whooping Cough	-	-	-
5. Diphtheria	-	-	-
6. Tuberculosis of Respiratory System ...	2	-	2
7. Other forms of Tuberculosis	1	-	1
8. Syphilitic Disease	1	-	1
9. Influenza	2	2	4
10. Measles	-	-	-
11. Acute Poliomyelitis and Polioencephalitis	1	1	2
12. Acute Infectious Encephalitis	1	-	1
13. Cancer of Buccal Cavity and Oesophagus (males)	1	-	1
13a. Cancer of Uterus (females)	-	1	1
14. Cancer of Stomach and Duodenum	5	6	11
15. Cancer of Breast	-	4	4
16. Cancer of all other Sites	20	14	34
17. Diabetes	-	-	-
18. Intra-cranial Vascular Lesions	20	15	35
19. Heart Disease	36	43	79
20. Other Diseases of the Circulatory System	7	4	11
21. Bronchitis	5	4	9
22. Pneumonia	3	7	10
23. Other Respiratory Diseases	1	3	4
24. Ulceration of the Stomach or Duodenum ...	1	1	2
25. Diarrhoea (under 2 years of age)	-	-	-
26. Appendicitis	-	1	1
27. Other Digestive Diseases	2	2	4
28. Nephritis	5	2	7
29. Puerperal and Post-abortive Sepsis	-	-	-
30. Other Maternal Causes	-	1	1
31. Premature Birth	4	1	5
32. Congenital Malformations, Birth Injury, Infantile Disease	5	2	7
33. Suicide	-	2	2
34. Road Traffic Accidents	1	-	1
35. Other Violent Causes	-	3	3
36. All Other Causes	11	13	24
	135	133	268

INFANT MORTALITY.

Deaths of children under one year of age numbered fifteen, of which eleven were males and four females. The infant mortality rate for the year was 31.8 per 1,000 live births. This is considerably higher than last year's low figure, but is well below the rate of 41 for England and Wales. Eleven of the deaths occurred within twenty-eight days of birth, and of these eight took place within the first day of life. In seven cases the cause of death was attributed directly or indirectly to prematurity, among these being one set of twins; two deaths were due to congenital malformation; one to accidental asphyxiation while asleep, and one each to nephritis, sepsis neonatorum, acute encephalitis, erythroblastosis foetalis, and intra cranial haemorrhage caused by birth injury.

Reference to Table II shows that a low infant mortality rate has been a feature of the vital statistics of this district for many years. The figures show the effectiveness of the various measures which have been taken in the past forty years for the specific purpose of saving infant life. The pioneer efforts of the early medical and social workers in paediatrics were supported in the first place by voluntary welfare associations; at a later date legislation gave power to county councils, county borough councils and certain other local authorities to set up a maternity and child welfare service. The activities of many persons in many different directions have built up in the comparatively short time of two generations the service as it is today, and have placed at the disposal of its staff the experience and information upon which the modern methods of child care are based. Many improvements in the management of infants have been brought about, and particularly in the technique of feeding, whether by breast or bottle. A great effort in the education of the public in new ideas has been made and credit is due to the medical and health visiting staff of the service who have spent a considerable proportion of their efforts in disseminating information of a practical nature. In considering the reasons for the continued fall in the infant mortality rate recognition should also be made of the willingness and ability of the modern mother to accept new ideas and to put them into practice in the home, often under great difficulties by reason of the housing shortage.

2.- GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

LABORATORY FACILITIES

The Public Health Laboratory maintained in Epsom by the Ministry of Health has continued its work. It is one of a series of such laboratories covering the country which provide a bacteriological service devoted to investigations relating to public health work.

During the year the number of specimens sent from this district by practitioners was as follows:-

For the diagnosis of	Diphtheria	...	18
"	"	Tuberculosis	36
"	"	Enteric Fever	19
"	"	Haemolytic Streptococcal infections	66
			<u>139</u>

The Laboratory also examines and reports on the bacteriological conditions of samples of milk, food and water submitted by the Council's Public Health Department.

AMBULANCE FACILITIES.

The national Health Service Act has placed the ambulance service of the country under the control of the various county council and county borough councils which act as local health authorities. Accordingly this district's ambulance service was transferred to the Surrey County Council on the 5th July, 1948. It is the intention of the County Council to maintain existing local arrangements for the time being and an ambulance will continue to be garaged at Fairhurst's Garage, North Street, Leatherhead. Application for ambulances required in connection with illness or accident should be made to the Council Offices, Bull Hill, Leatherhead, where the duty room of the ambulance staff is situated, or to the Leatherhead Fire Station.

A pamphlet has been received from the County Council's Health Department which gives information on the use of the ambulance service and the following details are extracted from it:- "in case of accidents in the home or elsewhere or in sudden illness in the street and public places any responsible person may call the ambulance to remove the patient. Normal maternity cases will be removed if the applicant can give evidence that the maternity bed has been booked. Maternity cases with serious complications, or where birth is imminent, will not normally be removed without the authority of a doctor or certified midwife who should travel with the patient in the ambulance. The removal of other cases of illness or accident will be arranged by the hospital concerned, or by the practitioner in charge of the patient. For private removals a written request, accompanied by a doctor's certificate should be made to the County Medical Officer. Cases of infectious disease will be moved by the ambulance stationed at the isolation hospital to which the patient is to be removed". Providing these requirements are fulfilled, no charge will be made to users.

NURSING IN THE HOME.

After July 5th 1948, the National Health Service Act places on local health authorities, in this area the Surrey County Council, the duty of providing nurses and midwives, employed either by themselves or by voluntary organisations, to attend persons requiring attention in their own homes. The County Council propose to carry out their obligations by supporting the continuance of existing nursing associations, through the agency of the Surrey Nursing Association. Associations operating in this district are the Ashted Nursing Association, the Bookham Nursing Association and the Leatherhead Nursing Association.

HOSPITAL ACCOMODATION.

(a) General and Maternity:- The Leatherhead Hospital is a voluntary hospital providing forty-five beds for medical, surgical and abnormal midwifery cases. Out-patients, massage, and X-ray departments are maintained. A large proportion of patients requiring hospital treatment, particularly of long duration, are admitted to the Epsom County Hospital which has more than 300 beds.

The majority of maternity cases needing accommodation in hospital are admitted to the Dorking County Hospital, which has a modern maternity block.

(b) Infectious Diseases:- With the exception of smallpox, patients suffering from acute infectious disease requiring isolation and treatment in hospital are admitted to the Cuddington Isolation Hospital, situated on Banstead Downs. This hospital is administered by the Cuddington Joint Hospital Board, composed of representatives from the five constituent local authorities.

Accommodation for cases of smallpox is provided by the Surrey County Council in the Clandon Smallpox Hospital.

The Surrey County Council is responsible for the provision of institutional treatment for persons suffering from Tuberculosis.

In 1948 the hospitals will be transferred to the administration of the Regional Hospital Board.

CLINICS AND WELFARE CENTRES.

(a) Maternity & Child Welfare:- The County Council is the responsible authority for this service. Centres are situated at Leatherhead, Ashted, Bookham and Fetcham. Clinic arrangements are set out in the accompanying schedule. None of the premises used were built as clinics, and it cannot be said that any of them adapt themselves well to this purpose. There is need of a series of new buildings, or the adaptation of more suitable existing ones, to house this important service. When it is possible to direct building activity to such matters, the requirements of the district in this respect should establish a claim for priority.

(b) Diphtheria Immunisation:- Clinics for immunisation against diphtheria are held by the Medical Officer of Health at the Leatherhead Institute, and at the Peace Memorial Hall, Ashted, assistance being given by the County Health Visitors. Children in Bookham and Fetcham can come to the Leatherhead clinic or can be treated at their respective Infant Welfare Centres.

Further details regarding diphtheria immunisation are given in Section 6, dealing with infectious diseases.

(c) Scabies Treatment:- The arrangements were continued for patients residing in the Leatherhead Urban District to receive treatment at the Borough of Epsom & Ewell Scabies Clinic at "The Cedars", Church Street, Epsom, which is in charge of a trained nurse. The function of these clinics is essentially treatment, and patients are not accepted unless referred by a medical practitioner. Emphasis is laid on the importance of prophylactic treatment for close contacts. Forty-six patients received treatment during the year. The clinic has also been used in assisting persons to rid themselves of infestation of the head or body louse. Experience suggests that body louse infestation is rare in this district; head louse infestation is a more common occurrence, usually detected by the health visitors at the medical inspections of school children.

(d) Tuberculosis:- The County Council Chest Clinic is situated at 44 Waterloo Road, Epsom.

(e) Venereal Disease Clinics:- The arrangements made by the County Council are set out in the accompanying time-table.

(f) Blood Transfusion Service:- The South London Blood Transfusion Depot situated at Bonhill Avenue, Sutton, Surrey, (Telephone No. Vigilant 0068) has a day-and-night service for the issuing of blood for transfusion purposes. This can be obtained by medical practitioners on application direct to them.

TIME-TABLE OF CLINICS.

Ante-natal Clinic	The Institute, High Street, Leatherhead.	1st, 3rd and 5th Fridays at 1.30 p.m.
Maternity and Child Welfare Clinics.	(1) Peace Memorial Hall, Ashted.	Tuesday, 1.30 - 4 p.m.
	(2) Barn Hall, Bockham.	1st and 3rd Wednesday from 1.30 - 4 p.m.
	(3) Village Hall, Fetcham.	2nd & 4th Thursdays at 1.30 - 4 p.m.
	(4) The Institute, High Street, Leatherhead.	Friday, 2 - 4 p.m.
General School Medical and Minor Ailments Clinics	At the above centres.	
Eye Clinic	The Institute, High Street, Leatherhead.	By Appointment.
Dental Clinic	The Institute, High Street, Leatherhead.	By Appointment.
Tuberculosis Dispensary	S.C.C.Clinic, 44 Waterloo Rd, Epsom.	Thursday 2 p.m. Every 3rd Thursday at 5 p.m.
Scabies Treatment Clinic	The Cedars, Church Street, Epsom.	By Appointment.
Venereal Diseases Clinics	Royal Surrey County Hospital, Guildford.	Males- Tuesday and Friday, 5 - 7 p.m. Saturdays 9.30 - 11.30 a.m.
		Females- Monday, 2 - 7 p.m. Thursday, 9.30 - 11 a.m.

(And at the Out-Patient Department of many London Hospitals.)

Diphtheria Immunisation Clinics.	Peace Memorial Hall, Ashted.	Every 3rd Tuesday at 10.30 a.m.
	Barn Hall, Bockham.	1st Wednesday in each month at 2 p.m.
	Village Hall, Fetcham.	2nd Thursday in each month at 2 p.m.
	The Institute, High Street, Leatherhead.	1st Tuesday in each month at 10 a.m.

3.- SANITARY CIRCUMSTANCES OF THE AREA.

The district is fortunate in its water supply, which is abundant, of good quality and widely distributed. The East Surrey Water Company is the statutory undertaking. It obtains its water from deep wells sunk into the chalk situated in the area. Supplies are softened and chlorinated before distribution. A careful control is maintained by the bacteriological and chemical examinations, typical results of which are shown below.

EAST SURREY WATER COMPANY.

Chemical Results in parts per million.

Appearance:	Bright with a very few particles of mineral debris.		
Colour: (Hazen)	Nil.	Turbidity: (Silica Scale)	Less than 5.
Reaction pH: ^{Paint} Alkaline	8.4	Odour:	Nil.
Electric Conductivity at 20°C:	250	Free Carbon Dioxide:	Absent
Chlorine in Chlorides:	19	Total Solids dried at 180°C:	170
Hardness: Total,	90	Carbonate, (Temporary)	50
		Non-Carbonate: (Permanent)	40
Nitrogen in Nitrates:	4.8	Nitrogen in Nitrites:	Less than 0.01
Free Ammonia:	0.036	Oxygen absorbed in 4 hrs. at 27°C:	0.05
Albuminoid Ammonia:	0.006	Free Chlorine reaction:	0.15
Metals:	Absent		

Bacteriological Results.

(Bacteriological Samples dechlorinated on collection)

No. of Colonies developing on Agar per cc. or ml. in 1 day at 37°C	...	...	0
-----ditto----- in 2 days at 37°C	...	...	0
-----ditto----- in 3 days at 20°C	...	...	0

Presumptive Coliform Reaction:-	Present in -
	Absent from 100ml.
Bact. Coli:-	Present in -
	Absent from 100 ml.
Cl. welchii Reaction:-	Present in -
	Absent from 100 ml.

Five houses on Bockham Common previously dependent on well water were provided by the Council with a main water supply by means of a common service pipe from the nearest main, the owners contributing towards the capital cost and agreeing to pay all consumption charges. Five houses are known to be still without main supply, relying on wells or rain water.

DRAINAGE & SEWERAGE.

There are two sewage disposal works in the district, one at Leatherhead and the other at Bockham. Both processes are on continuous flow settlement, comprising detritus tanks, settlement tanks, rotary filters, etc.

At Bockham the effluent passes through a humus tank and thence by the outfall sewer to a ditch adjacent, finally reaching the River Mole.

The Leatherhead Sewage Disposal Works consists of detritus channels, primary and secondary sedimentation tanks, rotary and travelling distributors, humus tanks, etc. Land treatment is now only used for the treatment of storm water. The effluent after final treatment at the humus tanks is discharged into a concrete channel and conveyed to the River Mole.

Sludge is disposed of by composting with a screened and pulverised house refuse, the resultant manure being sold to a firm of agricultural merchants and to ratepayers.

During the year, the construction of new surface water sewers was completed at Woodfield Lane, Ashted, and Cleve Road, Leatherhead, and at Boll Lane and The Glade, Fetcham. The dredging and cleansing of Ashted Pond was also carried out.

A scheme has now been approved for a new sewage pumping main and additional pumps at Fetcham Pumping Station to prevent storm flooding at Moll Road, Fetcham.

Schemes for new trunk surface water sewers at Kingston Road and Randalls Road have been approved by the Council.

PUBLIC CLEANSING.

The collection of house refuse is undertaken by means of five low-loading Shelvocke and Drewry freighters, each with a capacity of seven cubic yards, manned by a driver and two loaders. The vehicles used in the collection of house refuse are entirely mechanical.

House refuse from the whole area is disposed of at the Leatherhead Sewage Disposal Works, where a salvage and crushing plant has been installed. Clinker is retained by screening; bottles, tins etc., removed on a picking belt; paper baled for sale, and the residue crushed, composted with sewage sludge and sold as a fertiliser.

Great difficulty was experienced during the year in the recruitment of refuse collectors but, although there is now a full complement of men, it has not been possible to revert to the weekly collection of pre-war years in all districts.

A reorganisation of the collections is now being made and it is hoped this will be successful in securing the weekly collection essential to the health of the district.

CESSPOOLS & PRIVIES.

Cesspool emptying is carried out by a firm under contract to the Council to visit the District each month to empty cesspools as required. Inconvenience to ratepayers has been caused by the absence of suitable emergency arrangements.

During the year the contractors increased their charges to the Council owing to the rising cost of wages. This necessitated an increase in the charge made to the owner which is now thirty shillings per cesspool for each emptying. This leaves approximately ten shillings per emptying to be met from the rates.

Of the 500 cesspools estimated to exist in the district 124 were emptied during the year, the total number of emptyings being 208.

Two existing properties were connected to the sewer during the year and the old cesspools filled in.

Only a very few pail closets remain, water closets being in general use throughout the district.

SANITARY INSPECTION OF THE AREA.

Details will be found in the Chief Sanitary Inspector's report.

RIVERS, STREAMS & PONDS.

WATERCOURSES.

River Mole. The River Mole was on several occasions found to be polluted with oil and other matter, and appropriate investigations were made and necessary action taken.

Pond. A Pond in Ashted was found to be grossly polluted by the effluent from a nearby cesspool. Arrangements were made with the owner for periodic emptying of the cesspool, and the pond has since been found on periodic inspection to be improved.

SMOKE ABATEMENT.

Two complaints of excessive grit falling in the neighbourhood of boiler and chimney stacks were received and dealt with.

SWIMMING POOLS.

Four privately owned swimming pools were in use during the year. Three are constructed and one natural. The constructed pools are provided with adequate dressing and sanitary accommodation, and have filtering and chlorinating plants installed. Colour tests to control the dosage of chlorine are made periodically by the proprietors and also at each visit of the Sanitary Inspector. Samples of water were also submitted to the Public Health Laboratory.

With regard to the natural pool, there is room for improvement in the dressing and sanitary accommodation, the need for which has been brought to the notice of the owner.

4.- HOUSING

HOUSING STATISTICS

I.- Inspection of dwellinghouses during the year:

1(a)	Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts)	179
(b)	Number of inspections made for the purpose	440
2(a)	Number of dwellinghouses (included under sub-head 1 above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	Nil
(b)	Number of inspections made for the purpose	Nil
3	Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	Nil
4	Number of dwellinghouses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	67

II.-Remedy of defects during the year without service of Formal Notices:

Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their officers	64
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III.-Action under Statutory Powers during the year:

A. Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:

(1)	Number of dwellinghouses in respect of which notices were served requiring repairs ...	Nil
(2)	Number of dwellinghouses which were rendered fit after service of formal notices:-	
(a)	By Owners	Nil
(b)	By Local Authority in default of owners	Nil.

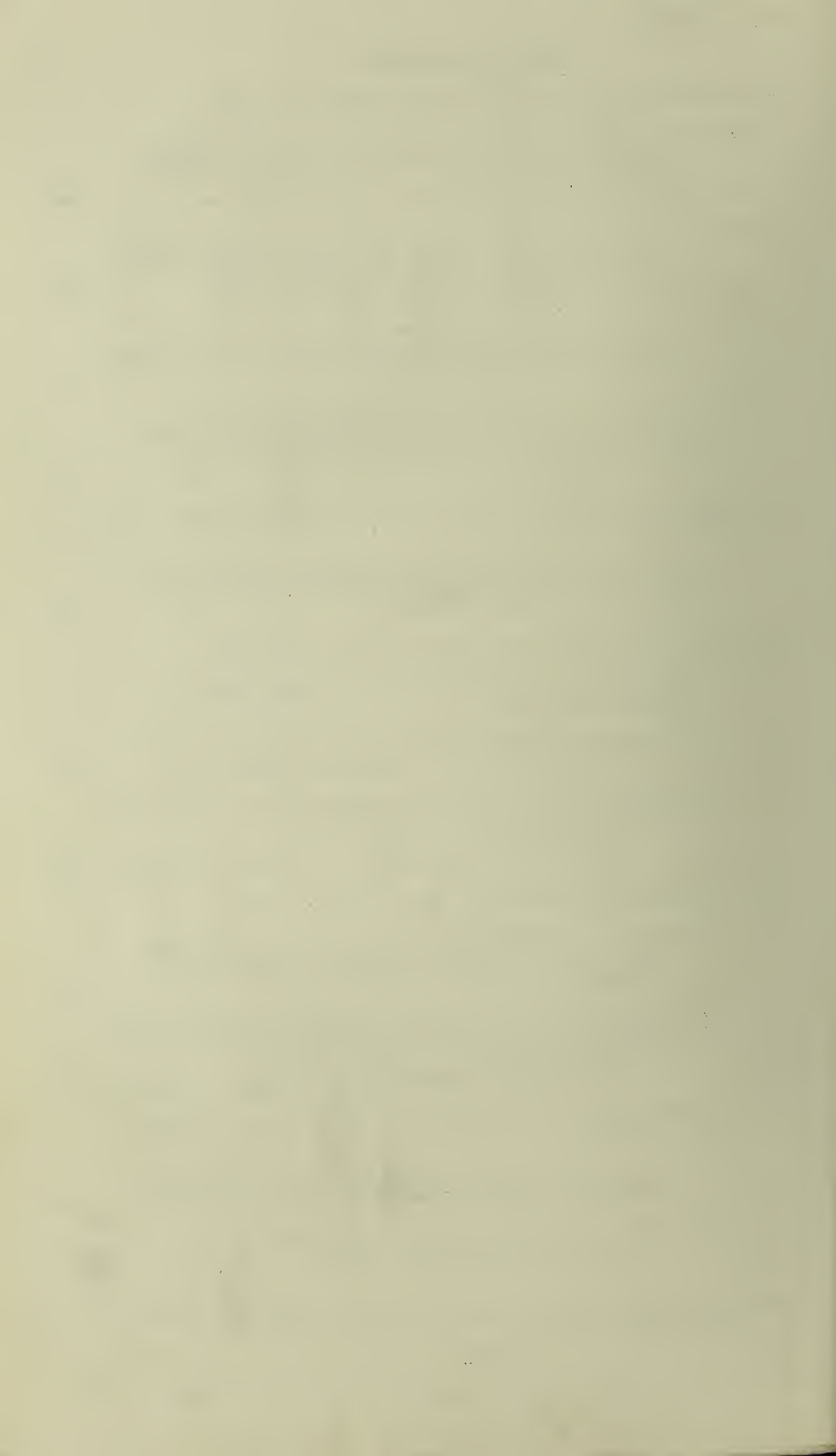
B. Proceedings under the Public Health Acts:

(1)	Number of dwellinghouses in respect of which notices were served requiring defects to be remedied	10
(2)	Number of dwellinghouses in which defects were remedied after service of formal notices:	
(a)	By Owners	4
(b)	By Local Authority in default of owners	Nil

C. Proceedings under Sections 11 & 13 of the Housing Act, 1936:

(1)	Number of dwellinghouses in respect of which Demolition Orders were made	2
(2)	Number of dwellinghouses demolished in pursuance of Demolition Orders ...	Nil.

* Two temporary shelters which were so treated by virtue of Section 23.



D. Proceedings under Section 12 of the Housing Act, 1936:

- | | | | | | |
|---|-----|-----|-----|-----|-----|
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made | ... | ... | ... | ... | Nil |
| (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit | ... | ... | ... | ... | Nil |

IV.-Housing Act, 1936 - Overcrowding.

Figures relating to Statutory Overcrowding on the 1936 standard are not known, and would, if included in this report today, be entirely inadequate on which to assess the additional housing accommodation needed. While two, three, and even four families are perforce sharing accommodation designed for one family, with all the attendant difficulties and frustrations, it is no consolation to them to be told they are not "statutorily overcrowded", as indeed the majority of them are not. It is common humanity, and not the Act, which decrees "one dwelling - one family", and figures on this basis are more to the point.

At the end of the year, applications were still outstanding from the following families:-

Sharing with one other family	...	...	298
" " two " families	...	...	35
" " three " "	...	...	3

REHOUSING

By the end of the year 93 houses on the Cleeve Road Extension Estate and 41 houses on the Bramley Way Estate had been completed and occupied. Allocation was made on a "Points" system. Among the successful applicants were nine whose totals of points were increased by the fact that the families had a tuberculous member, in addition to other unsatisfactory housing conditions.

5.- INSPECTION AND SUPERVISION OF FOOD.

(a) MILK SUPPLY.

Particulars of the numbers of cow keepers and dairymen registered, and of retail purveyors, will be found in the Chief Sanitary Inspector's Report.

Of local producers 4 are licensed for the production of Tuberculin Tested Milk, and 2 for Accredited Milk. There is one licensed Pastourising Plant in the district.

Bacteriological Examinations: Fifty-seven samples of pasteurised milk and nineteen of raw ungraded milk were taken, and examined by the Public Health Laboratory at Epsom.

Of the samples of pasteurised milk, forty-six satisfied the Methylene Blue Test and fifty-six the Phosphatase Test.

The Phosphatase Test is designed to ascertain whether milk retailed as "pasteurised" or "heat treated" has been subjected to sufficient heat for a long enough time to destroy dangerous micro-organisms which it may contain. The proportion of samples which passed the test is satisfactory, the one failure being due to unforeseen circumstances connected with the fuel shortage at a pastourising establishment not situated in this district.

Comparing the results of the examination of raw ungraded milk with the standards for accredited milk, eleven satisfied the Methylene Blue Test, fourteen the Coliform test, and ten reached the combined standard.

One sample of raw milk produced and retailed in the district was submitted for guinea-pig inoculation as a test for the presence of tubercle bacilli. When killed and examined the guinea-pig showed evidence of tuberculosis. The matter was reported to the County Council who arranged for the necessary veterinary examinations of the herd from which the milk came. The veterinary inspection showed one cow suffering from tuberculosis which was removed and slaughtered, the condition being confirmed at post-mortem. Subsequent examinations for tubercle bacilli of milk from this herd were negative

Designated Milk Supply:

The following licences were issued to retailers desiring to retail graded milk:-

Tuberculin Tested (Dealer's Licence)	...	...	3
" " (Supplementary Licence)		...	2
Pasteurised (Pasteuriser's Licence)	...	...	1
" (Dealer's Licence)	...	...	2
" (Supplementary Licence)	...	...	3

(b) MEAT AND OTHER FOODS.

No slaughterhouse in this district functions under the Ministry of Food Scheme, but the Chief Sanitary Inspector gives, in his report, details of licensed slaughtering and of unsound foods surrendered and destroyed.

6:- PREVALENCE OF AND CONTROL OVER, INFECTIOUS DISEASE.

Table VI shows the number of cases of infectious disease notified during 1947, classified according to age and sex, together with the number of patients removed to isolation hospital, and the number of deaths, if any, from the various diseases.

Smallpox:- No case of smallpox was notified during the year. No primary vaccination or re-vaccination was performed by the Medical Officer of Health under the Public Health (Smallpox Prevention) Regulations, 1917.

Vaccination:- It may be noted that one of the results of the National Health Service Act will be the abolition of compulsory vaccination and of the appointment of public vaccinator. Instead local health authorities, in this district the Surrey County Council, are required to make a scheme for providing vaccination for all who seek it. The County Council proposes that treatment should be given either by the applicant's own doctor, or by its own staff, at the nearest Health Centre. At the request of the County Council, the local supervision of the scheme and the keeping of records have been made the duty of this District Council's Medical Officer of Health.

Scarlet Fever:- Twenty-two cases of scarlet fever were notified during the year, compared with thirty-three notified during the previous year. The case rate per 1,000 population was 0.85 as against 1.37 for England and Wales.

Four patients were admitted to hospital; the remainder were nursed in their own homes. The proportion of home nursed cases is much higher than usual. For a number of years the home nursing of scarlet fever in this district has received encouragement in homes where adequate isolation and nursing could be provided. The continued and increasing shortage of hospital beds may make the home nursing of uncomplicated cases of scarlet fever a necessity in the future. For part of this year the hospital authority found its staff so occupied with the outbreak of infantile paralysis that admission of scarlet fever cases was granted only if the need was supported by the Medical Officer of Health.

Nevertheless, it would be unwise for scarlet fever to be considered too lightly as an illness; its treatment demands at least two or three weeks in bed, with a further period of convalescence, and medical attention at regular intervals throughout.

Diphtheria:- Two cases of diphtheria were notified: there were no cases in the previous year. The case rate per 1,000 population was 0.08 against 0.13 for England and Wales. There were no deaths. One of the patients was an adult, the second a boy aged 4 years: neither had been immunised against the disease. They were both treated in hospital.

Diphtheria Immunisation:- Active immunisation against diphtheria has now been in operation in the district since 1935 and can claim a part in the reduction of the incidence and mortality rates which has occurred. The downward tendency of these rates can be seen by referring to Table V. The aim of the immunisation scheme is that every child should receive a primary treatment of two injections commencing at about the age of nine months, with ~~further~~ single injections at five, ten and fifteen years of age to reinforce the original treatment. It is not claimed even with such treatment that absolute immunisation will be attained by every child, but there is clear evidence that the risk of an untreated child contracting diphtheria is four times as great as that of an immunised child, and that the risk of death is nearly thirty times as great.

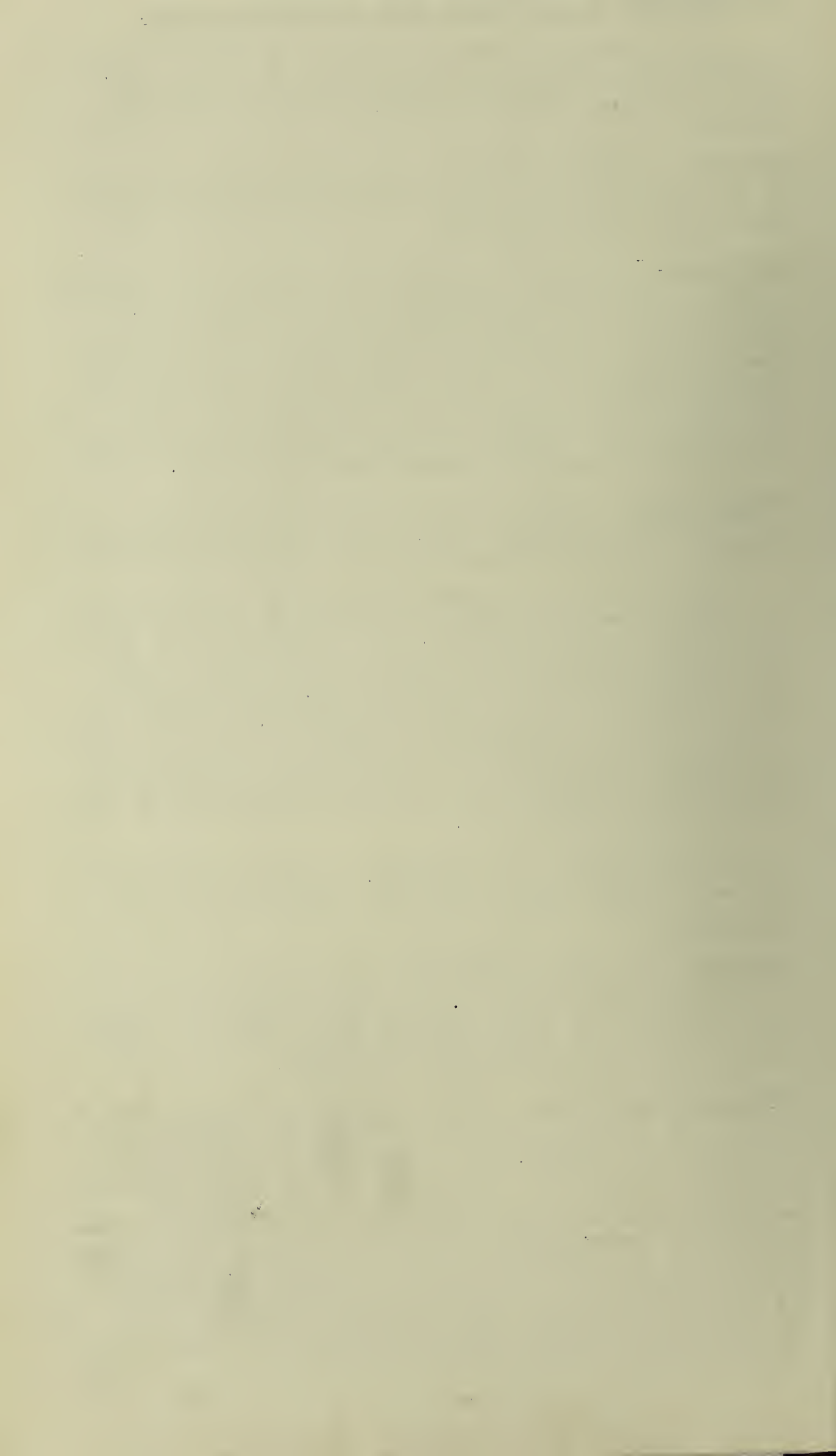


TABLE IV

CASES NOTIFIED

Disease	Under 1 y		1 - 3		3 - 5		5 - 10		10 - 15		15 - 25		25 & over		All ages		Total all ages both sexes	Cases admitted to Isolation Hospital	Deaths
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
SMALLPOX	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DIPHTHERIA	-	-	-	-	1	-	-	-	-	-	-	-	1	1	2	-	2	-	-
SCARLET FEVER	-	-	1	-	-	-	2	6	3	4	1	2	1	2	8	14	22	4	-
TYPHOID FEVER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PARATYPHOID FEVER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
FOLIOMYELITIS	-	-	-	-	-	-	-	-	1	-	2	-	1	-	4	-	4	4	1
FOLIOENCEPHALITIS	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1
PNEUMONIA	-	-	-	-	-	-	-	2	1	1	-	-	9	2	10	5	15	-	-
DYSENTERY	-	-	-	-	-	-	1	1	9	3	8	1	1	-	19	5	24	-	-
ERYSIPELAS	-	-	-	-	-	-	-	-	-	-	-	-	2	3	2	3	5	1	-
CEREBRO-SPINAL FEVER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PUERPERAL PYREXIA	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-	-
OPHTHALMIA NEONATORUM	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MALARIA	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MEASLES	3	6	14	14	20	14	31	29	5	5	1	6	-	1	74	75	149	2	-
WHOOPIING COUGH	9	5	18	15	24	24	47	43	3	5	-	1	-	2	11	95	196	9	-
TOTALS	13	11	33	29	45	38	81	81	22	18	12	10	15	11	221	198	419	22	2

TABLE V.

INCIDENCE OF DIPHTHERIA IN LEATHERHEAD URBAN DISTRICT 1934-1947.

Year	No. of Cases Notified	Incidence Rate per 1000 Population	No. of Deaths	Mortality Rate per 1000 Population
1934	17	0.90	1	0.05
1935	7	0.36	1	0.05
1936	25	1.25	2	0.10
1937	3	0.15	-	-
1938	2	0.09	-	-
1939	5	0.21	-	-
1940	1	0.04	-	-
1941	3	0.12	-	-
1942	7	0.28	1	0.04
1943	6	0.24	-	-
1944	-	-	-	-
1945	2	0.08	1	0.04
1946	-	-	-	-
1947	2	0.08	-	-

Clinics are held at regular intervals at the Infant Welfare Centres in Beekham and Fetcham, and at special sessions at the Institute, Leatherhead and the Peace Memorial Hall, Ashted. Particulars of these are set out in Part 2 of this report. These arrangements are intended primarily for infants and others under school age. For school children clinics have been organised in the schools in conjunction with the education authority and the School Medical Officer. Parents are informed of the need for further treatment and of the facilities available for obtaining it at the systematic medical inspection which take place during the school life of every child. As a result largely of the support of the teachers and of the school medical service, an excellent response has been obtained to this newly organised growth of the diphtheria immunisation campaign. The administration of the treatment in schools has been in the hands of the school medical service.

During the year three hundred and thirty four children are known to have completed primary immunisation and two hundred and eighty four secondary treatment. Of the former two hundred and fifty five were aged between one and two years, representing 57.7% of the births registered in the district during the previous year. Probably many children have been treated privately or in other districts, about whom information has not been received.

Of all the children in the district it is known that one thousand and twenty one under the age of five years and two thousand three hundred and eight over five years but under fifteen years have received treatment equivalent to percentages of 50.8 and 71.5 respectively of the estimated population of these age groups.

As with vaccination, immunisation against diphtheria has become a responsibility of the County Council under the National Health Service Act. The County Council scheme contemplates that treatment will be obtained either from the family doctor or at the nearest clinic. The local supervision of the scheme and the recording of results have been delegated to this Council's Medical Officer of Health.

Acute Anterior Poliomyelitis (Infantile Paralysis):- In common with the rest of the country the district suffered in the largest outbreak of infantile paralysis yet recorded in this island. Four notifications were received relating to persons resident in the district at the time of the onset of their illness. Two notifications were received in August and two in September, all relating to males. The ages of those affected were 14 years, 16 years, 17 years and 36 years respectively. In the case of the man the attack was of a virulent nature and death occurred after an illness lasting nine days. In addition to these notifications, the death from poliomyelitis was reported while on holiday of a female resident of the district. The death occurred of a male aged eighteen years who was spending a few days holiday in this area, who had been admitted to the Cuddington Hospital for treatment.

In spite of careful enquiry, no common source of infection was established between any of the cases and it is probable that the disease was spread by healthy immune carriers of the causative virus or by persons suffering from an attack unrecognised because of its mildness. In some of the cases a history of unusual physical activity or exertion prior to the onset of illness was obtained.

Measles:- Cases of measles were notified in every month of the year except October, a total of one hundred and forty-nine being recorded. The notification rate was 5.77 per 1,000 population compared with 9.41 for England and Wales. There were no deaths from the disease.

Whooping Cough:- One hundred and ninety-six notifications of whooping cough were received. Cases occurred in every month of the year, being most numerous in the period April to July. The notification rate was 7.59 compared with 2.22 for England and Wales. There were no deaths from the disease. The death rate for whooping cough for England and Wales was 0.02.

Of all the acute infections in children, whooping cough now takes first place as a cause of temporary and frequently permanent disability. The illness is often aggravated by complications which may prove fatal. It is extremely infectious and it is impossible to prevent its spread without complete dislocation of organised community life of the child population. Research work is taking place on the production of an effective immunising agent capable of easy administration and free from unpleasant reactions. Some materials have already been marketed, and are being used in controlled experiments in selected areas, the results of which have not yet been published. Promising claims are made by manufacturers. The National Health Service Act places the responsibility for introducing new methods of immunisation against infectious diseases on the County Council as local authority. If favourable opinions are formed on the efficiency of these new laboratory products aimed at the prevention of whooping cough it is hoped that they will be included without delay in the County Council's scheme. Meanwhile many private practitioners are already giving the treatment at the request of parents, and consider that they are obtaining good results.

Tuberculosis:- Forty-eight new names were added to the tuberculosis register during the year. They include eighteen of persons already domiciled in the district and ten of persons who came to live here from other areas in which they had already been notified. Twenty-seven notifications related to the pulmonary form of the disease and one of the non-pulmonary form. Two deaths occurred from pulmonary tuberculosis, representing an annual death rate of 0.08 per 1,000 population, and one death was caused by non-pulmonary tuberculosis with a death rate of 0.04. The total tuberculosis death rate of 0.12 compares with a rate of 0.55 for England and Wales. An analysis into types of disease and age groups is found in Table VI.

TABLE VI

Age Period	Primary Notifications Relating to Persons Already Resident in the Leatherhead Urban District				Notifications of Persons Already Notified in Other Districts and Now Resident in the L'head Urban District				Deaths			
	Pulmonary		Non Pulmonary		Pulmonary		Non-pulmonary		Pulmonary		Non Pulmonary	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 1 year ..	-	-	-	-	-	-	-	-	-	-	-	-
1 to 5	-	-	-	-	-	-	-	-	-	-	1	-
5 to 10	1	1	-	-	-	-	-	-	-	-	-	-
10 to 15	-	-	-	-	-	-	-	-	-	-	-	-
15 to 20	1	1	-	-	-	-	-	-	-	-	-	-
20 to 25	-	-	-	-	2	2	-	-	-	-	-	-
25 to 35	2	2	1	-	2	3	-	-	1	-	-	-
35 to 45	2	1	-	-	1	-	-	-	-	-	-	-
45 to 55	1	-	-	-	-	-	-	-	-	-	1	-
55 to 65	3	-	-	-	-	-	-	-	1	-	-	-
65 years and over	1	1	-	-	-	-	-	-	-	-	-	-
Totals	11	6	1	-	5	5	-	-	2	-	2	-



For comparative purposes figures relating to the notification of tuberculosis and its mortality between the years 1938 - 1947 are set out in Table VII. The notification figures are those for persons domiciled in the district at the time of the diagnosis of the disease.

TABLE VII.
TUBERCULOSIS INCIDENCE AND MORTALITY, 1938-1947

Year.	Population.	Total Primary Notifications	Rate per 1000 Population	Total Deaths	Death Rate per 1000 Population
1938	21,170	17	0.80	6	0.28
1939	22,260	9	0.40	6	0.27
1940	25,500	21	0.82	6	0.24
1941	25,200	30	1.15	6	0.24
1942	24,760	33	1.33	11	0.44
1943	24,310	24	0.99	6	0.25
1944	23,870	37	1.55	8	0.34
1945	23,700	35	1.48	9	0.38
1946	24,940	27	1.08	11	0.44
1947	25,810	18	0.69	3	0.12

So far as preventive means are concerned, more progress can be recorded in the efforts of the council to improve the living conditions of badly housed families with a member suffering from tuberculosis in a communicable form. The principle on which the council is proceeding is that it is important to safeguard, as far as possible, other members of the household particularly children, from heavy infection under bad conditions. It is on account of the non-infected members of the family for whom priority in re-housing has been granted, rather than of the patient. During the year nine families in this category have been rehoused. Altogether eleven families with a tuberculous member have been dealt with in this post-war housing effort.

It is unfortunate that no shortening can be reported of the period during which patients are obliged to wait for hospital or sanatorium beds. Several months interval between recommendation for admissions and the provision of a bed is the common experience. In this time there is likely to be a further deterioration in health, and an increased risk of infection is placed on the other members of the household. Under the National Health Act hospitals will be placed in the hands of the new authority, and it is hoped that increased efforts will be made to remedy a situation for which blame is placed principally on the shortage of nurses and domestic staff.

Tuberculosis Care Committee: The Epsom, Leatherhead and District Tuberculosis Care Committee has continued its work with energy during the year under the Chairmanship of Mrs. A. Winter. The Secretary of the Committee is Miss Linford, who is also the Surrey County Council's Care Almoner in the area, and the treasurer is Lt.Col.H.W.Lucy, O.B.E., T.D., manager of the Epsom Branch of the Westminster Bank. Members of the Committee include representatives of the Borough Council, the Leatherhead Urban District Council, associations and societies interested in social welfare, and officers engaged in work connected with health, welfare and relief. Thus the Committee is in a good position to help solve the special problems of the tuberculous person and the household to which he belongs. Much valuable work has been done, and remains to be done in the future, notwithstanding the advent of new social legislation.

LEATHERHEAD URBAN DISTRICT COUNCIL

REPORT OF THE CHIEF SANITARY INSPECTOR
FOR
THE YEAR 1947

Council Offices,

Leatherhead.

December, 1948.

To the Chairman and Members of the
LEATHERHEAD URBAN DISTRICT COUNCIL.

Mr. Chairman, Ladies and Gentlemen,

The Medical Officer of Health has invited me to report separately upon that part of the service in which my office requires me actively to engage. I appreciate the thought which prompted him to accord me this honour, and I readily accept his invitation.

Quite rightly, I think, the emphasis during the year 1947 was maintained upon Housing, and, while due attention has been given to the necessity to keep under control any other conditions which might give rise to disease, my activities have been largely devoted to this subject. The early and rapid progress made by the Council in the provision of new houses made it necessary that the waiting list should be brought up to date, and revised to give a more accurate picture of applicants' conditions and relative needs. To my department, therefore, fell the important task of visiting some 800 applicants to check and enlarge upon the information given on their application forms. Similar information was collected from officers of other local authorities in respect of a further 300 living outside the district. All subsequent applications were dealt with similarly. From the original survey carried out in the early part of the year, the interesting fact emerged that approximately one third of the applicants had moved from addresses which had been given less than two years previously.

With the limited resources of labour and materials concentrated on new houses, it was possible to obtain only the minimum of essential repairs to existing houses. It is hoped that in the near future something more can be done to improve those houses which justify it, and to demolish those which have outlived their usefulness.

My thanks are due, and gratefully offered, to my staff for their loyal assistance, to Dr. Ive for his advice and support, to other officers for their co-operation, and to the Council for their encouragement and interest.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

W.J. WHITING.

Chief Sanitary Inspector.

INSPECTIONS & RE-INSPECTIONS
UNDER THE
HOUSING & PUBLIC HEALTH ACTS, &c.

Dwelling-houses	...	...	440
Nuisances (other than dwelling-houses)			40
Disinfestation	...	...	23
Smoke	...	...	23
Water	...	...	26
Watercourses	...	...	6
Scabies	...	...	-
Notifiable Infectious Disease		...	25
Contacts, Infectious Disease		...	10
Disinfections	...	...	11
Cowsheds	...	...	4
Dairies	...	...	1
Pasteurising Establishment		...	13
Slaughterhouses	...	...	5
Bakchouses	...	...	12
Ice-Cream Premises	...	...	37
Other Food Premises	...	...	15
Sampling	...	...	80
Food Examination	...	...	135
Food Poisoning	...	...	-
Factories (Mechanical)	...	...	1
Factories (Non-Mechanical)		...	4
Movable Dwellings	...	...	12
Schools	...	...	1
Miscellaneous	...	...	48
Licensing	...	...	34
Rehousing	...	...	957
Rodent Control	...	...	5
Swimming Pools	...	...	17
Squatters	...	...	38

INSPECTION OF FACTORIES.

(1) INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH.

Including inspections made by Sanitary Inspectors.

Premises (1)	Number on Register (3)	Number of		
		Inspections (4)	Written noticos (5)	Occupiers prosecuted (6)
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities.	12	3	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	62	1	-	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers prem).	9	1	-	-
TOTAL	83	5	-	-

(2) CASES IN WHICH DEFECTS WERE FOUND.

Particulars (1)	Number of Defects.				No. of cases in which Pro- secutions were instituted. (7)
	Found (3)	Remedied (4)	Referred To H.M. Insp. (5)	By H.M. Insp. (6)	
Want of cleanliness(S.1)	1	1	-	1	-
Overcrowding(S.2)	-	-	-	-	-
Unreasonable temperature(S.3)	-	-	-	-	-
Inadequate ventilation(S.4)	-	-	-	-	-
Ineffective drainage of floors(S.6)	-	-	-	-	-
Sanitary Conveniences(S.7)					
(a) insufficient	1	1	-	1	-
(b) Unsuitable or Defec.	1	1	-	2	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act(not including offences relating to Outwork)	-	-	-	-	-
TOTAL	3	3	-	4	-

OUTWORK: No action was necessary under Sections 110 & 111 of the Act.



CONDITIONS FOUND REQUIRING SERVICE OF A NOTICE

Defective roofs	...	...	...	7
Defective plastering	...	...	...	18
Defective ceilings	...	...	...	22
Defective windows	...	...	...	16
Defective floors	...	...	...	9
Defective doors	...	...	...	5
Defective R.W.P and gutters	...	...	...	5
Defective coppers	...	...	...	3
Defective sink wastes	...	...	...	5
Defective W.C's	...	...	...	6
Defective cistern and/or flush pipe	...	...	...	4
Defective kitcheners	...	...	...	11
Defective F.A.I	...	...	...	6
Defective ashbins	...	...	...	2
Damp walls	...	...	...	38
Rooms requiring decoration	...	...	...	40
Defective water service pipe	...	...	...	3
Defective sash cords	...	...	...	2
Defective drains	...	...	...	5

RESULTS OF SERVICE OF NOTICE

Roofs repaired	...	...	...	8
Plastering repaired	...	...	...	10
Ceilings repaired	...	...	...	9
Windows repaired	...	...	...	10
Floors repaired	...	...	...	3
Doors repaired	...	...	...	3
R.W.P and gutters repaired	...	...	...	3
Coppers repaired	...	...	...	2
New sink wastes provided	...	...	...	5
W.C. repaired	...	...	...	1
Cistern and/or flush pipe repaired	...	...	...	3
Kitcheners repaired	...	...	...	8
New F.A.I provided	...	...	...	3
Ashbin provided	...	...	...	2
Damp walls remedied	...	...	...	22
Rooms decorated	...	...	...	27
Defective water service pipe	...	...	...	3
Drains repaired	...	...	...	5

INFECTIOUS DISEASES AND DISINFECTIONS.

Twenty-five visits of enquiry were made during the year in respect of notifiable infectious disease and a further ten visits were made to check up on contacts.

Eight premises were disinfected for notifiable infectious disease and one for other purposes.

TENTS, VANS & SHEDS.

Four prosecutions were successfully undertaken of offenders against orders made under the Surrey County Council Acts, 1931 and 1936, prohibiting the placing of moveable dwellings in prescribed areas of the district and fines totalling £5 were imposed.

Two fields on which are sheds and vans which had been used for short-term camping before the war, and latterly have been used for whole-time habitation, were considered by the appropriate committees of the Council with a view to improving conditions thereon and exercising positive control. The sites were judged to be totally unfit for whole-time occupation, but capable of adapting to the requirements of a camping site. The problem of what to do with the existing occupiers was still unsolved at the end of the year.

MILK.

At the end of the year there were 28 entries on the register of cowkeepers, dairymen and retail purveyors of milk.

No. of cowkeepers	...	...	18
No. of dairymen (exclusive of above)			2
No. of retail purveyors of milk. Local			6
" " " " Non-Local			2

INSPECTION OF MEAT AND OTHER FOODS.

(1) Meat.

Three slaughterhouses in the district were licenced with the reservation mentioned in the last Annual Report.

Six pigs slaughtered during the year in these slaughterhouses under licence from the Food Office, were examined and found fit for human consumption.

Three slaughtermen were licenced to slaughter or stun animals during the year.

(2) Other Foods.

The following foods were found on examination to be unfit for human consumption, and certificates issued to that effect:-

2649 lb.	Carcase Meat	222 tins	Vegetables.
84 lb..	Tinned Meat	397 tins	Milk.
142 stone	Fresh Fish	17 lb.	Sweets.
197 tins	Fish.	163 lb..	Preserves.
402 tins	Fruit.	549	Eggs.

ICE-CREAM.

Twenty-four premises in the district are registered by the Council for the sale of ice-cream. Of these, nine are registered for manufacture of the product as well as for sale.

Twenty-five samples of ice-cream, and three of Iced Lollies were taken during the year and submitted for bacteriological examination. The Bacteriologist's reports were as under

Producer	No. of Samples Taken	Grade				PLATE COUNT PER C.C. Where applicable
		1	2	3	4	
Local A.	3	1	1	1		25,800
B.	1				1	
C.	2		1	1		
D.	3			3		
E.	1			1		
F.	3			2		
Outside A.	4	1	2			11,500
B.	1			1		
C.	4	1	3			
D.	1				1	
E.	2	1		1		

The three iced lollies gave plate count results as follows:-

1. Less than 10 bacteria per c.c.
2. 195 bacteria per c.c.
3. 100 bacteria per c.c.



RODENT AND INSECT PESTS.

1. Rodent Control.

The Surrey County Council continued to be the authority for the control of rats and mice, and complaints received by the Local Council were passed on to them.

The Council is represented on the Surrey No.3 Workable Area Committee, through which Committee the following information on the County Council's activities during the year was obtained:-

<u>Complaints received.</u>	113
-----------------------------	-----	-----	-----

Infestations found.

Rats	(Major	...	...	1
	(Minor	...	...	67
Mice	(Major	...	...	-
	(Minor	...	...	9

Infestations found as result of independent investigation.

Rats	(Major	...	...	-
	(Minor	14
Mice	(Major	-
	(Minor	-

Action Taken.

Treated by Local Authority Operator	...	68
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Treated by Occupier	...	11
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Estimated Kill. (Ministry of Agriculture & Fisheries Formula).

By Poison	(Rats	940
	(Mice	...	...	-
By Traps and other means	(Rats	...	...	170
	(Mice	...	...	30

2. Vermin.

Disinfestation was carried out at 16 premises during the year, as follows:-

<u>Vermin.</u>	<u>No. of premises.</u>	<u>Insecticide.</u>
Bed Bugs	13	4 - cide and G.110.
Cockroaches	2	Supersecto.
Fleas	1	4 - cide (liquid and powder).

